

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

JUN 05 2014

Bayfield Co. Zoning Dept.

ENTERED

\$75

Permit #:	14-0113
Date:	6/10/14
Amount Paid:	\$75 6/5/14
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name:		Greg & Kathleen Skoraczewski		Mailing Address:		6080 Iron Lake Rd		City/State/Zip:		Iron River, WI 54847		Telephone:		715 372-4546	
Address of Property:		Same		City/State/Zip:				Contractor Phone:		Plumber:		Plumber Phone:			
Contractor:		Pawel Stolarczyk		218		336-8950		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Authorized Agent: (Person Signing Application on behalf of Owner(s))															
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-022-3-47-01-24-2-05-002-10000		Recorded Document: (i.e. Property Ownership) Volume 1120		Subdivision Site #15		Lot Size		Acreage		20.18	
1/4, 1/4, 1/4, 1/4		Gov't Lot 2		Lot(s) CSM		Vol & Page		Lot(s) No.		Block(s) No.					
Section 24, Township 47 N, Range 9 W		Town of: Hughes													
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?		If Yes---continue →		Distance Structure is from Shoreline: feet		Is Property in Floodplain Zone?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland		<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If Yes---continue →		Distance Structure is from Shoreline: feet		150+							

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water							
							<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City	
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Dump Station	<input type="checkbox"/> _____					

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure		Dimensions	Square Footage	
		<input type="checkbox"/> Principal Structure (first structure on property)				( ) X )
		<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)				( ) X )
		with Loft				( ) X )
		with a Porch				( ) X )
		with (2 <sup>nd</sup> ) Porch				( ) X )
		with a Deck				( ) X )
		with (2 <sup>nd</sup> ) Deck				( ) X )
		with Attached Garage				( ) X )
		Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)				( ) X )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Mobile Home (manufactured date)	( ) X )				
	<input checked="" type="checkbox"/> Addition/Alteration (specify) deck with RV	(10 x 24) 240				
	<input type="checkbox"/> Accessory Building (specify)	( ) X )				
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) X )				
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Rec'd for Issuance	( ) X )				
	<input type="checkbox"/> Special Use: (explain)	( ) X )				
	<input type="checkbox"/> Conditional Use: (explain)	( ) X )				
	<input type="checkbox"/> Other: (explain)	( ) X )				
Secretarial Staff						

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Greg & Kathleen Skoraczewski  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: Same as above  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit: Same as above  
Copy of Tax Statement Attached  
If you recently purchased the property send your Recorded Deed

the box below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	700+ Feet	Setback from the Lake (ordinary high-water mark)	150+ Feet
Setback from the Established Right-of-Way	700+ Feet	Setback from the River, Stream, Creek	NA Feet
		Setback from the Bank or Bluff	NA Feet
Setback from the North Lot Line Town Rd	NA Feet		
Setback from the South Lot Line Lake	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	150+ Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	450+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	NA Feet	Setback to Well	NA Feet
Setback to Drain Field	NA Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.  
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 14-0113	Permit Date: 6-10-14					
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)	Case #:	Previously Granted by Variance (B.O.A.)	Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:						
Meets all setbacks						
Date of Inspection: 6-6-14	Inspected by: M. Furbach					
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached)						
Signature of Inspector: Michael Furbach		Date of Approval: 6-9-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		





SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED  
Date: 6-11-14

Permit #: 14-0190  
Date: 6-11-14  
Amount Paid: \$756-6-14

Date Stamp (Received)  
JUN 05 2014

Bayfield Co. Zoning Dept.

Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Charles Buran Mailing Address: 68715 Hollander Rd City/State/Zip: Iron River, WI 54847 Telephone: 372-4633

Address of Property: Same City/State/Zip: Cell Phone:

Contractor: Self Contractor Phone: Plumber: Plumber Phone:

Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached ☐ Yes ☒ No

PROJECT LOCATION: NE 1/4, NE 1/4 Legal Description: (Use Tax Statement) PIN: (23 digits) 04-022-2-47-09-08-101-000-11000 Recorded Document: (i.e. Property Ownership) Volume 970 Page(s) 635

Section 8, Township 47 N, Range 9 W Town of: Hughes Lot Size Acreage 30

☐ Shoreland ☒ Non-Shoreland ☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue --> Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? ☐ Yes ☒ No Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion \* include donated time & material \$9,000 Project: (What are you applying for) # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water ☐ New Construction ☒ 1-Story ☒ Seasonal ☐ 1 ☐ Municipal/City ☐ City ☐ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary ☐ Sanitary (Exists) Specify Type: ☐ Conversion ☐ 2-Story ☐ Basement ☐ 3 ☐ Sanitary (Exists) Specify Type: ☐ Relocate (existing bldg) ☐ Basement ☐ 3 ☐ Privy (Pit) or ☐ Vaulted (min 200 gallon) ☐ Run a Business on Property ☐ Foundation ☒ None ☐ Portable (w/service contract) ☐ Compost Toilet ☐ None

Existing Structure: (If permit being applied for is relevant to it) Length: 48 Width: 32 Height: 12 Proposed Construction: Length: Width: Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input checked="" type="checkbox"/> Residential Use	with Loft	( X )	
	with a Porch	( X )	
	with (2nd) Porch	( X )	
	with a Deck	( X )	
	with (2nd) Deck	( X )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( X )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date)	( X )	
	Addition/Alteration (specify)	( X )	
	Accessory Building (specify) green house	( 32 X 48 )	1536
	Accessory Building Addition/Alteration (specify)	( X )	
Rec'd for Issuance			
JUN 11 2014	Special Use: (explain)	( X )	
	Conditional Use: (explain)	( X )	
Secretarial Stamp	Other: (explain)	( X )	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Charles E. Buran Date: 6-4-14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

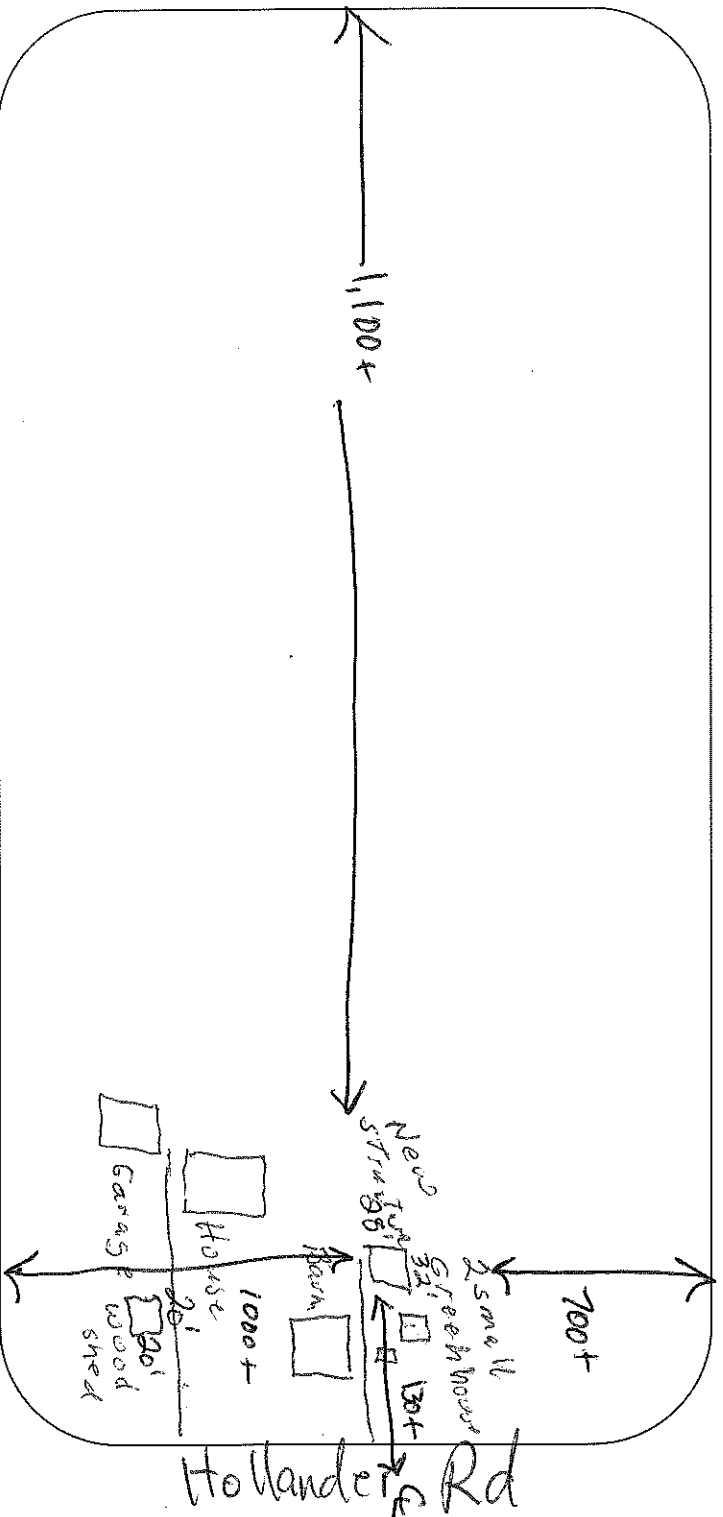
Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) Date: Attach

Address to send permit: Same as above Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE  
TAX ID 34603

in the box below: Draw or Sketch your Property (regardless of what you are applying for)

- made
- (1) Show Location of: Proposed Construction
  - (2) Show / Indicate: North (N) on Plot Plan
  - (3) Show Location of (\*): (\*1) Driveway and (\*2) Frontage Road (Name Frontage Road)
  - (4) Show: All Existing Structures on your Property
  - (5) Show: (\*1) Well (W); (\*2) Septic Tank (ST); (\*3) Drain Field (DF); (\*4) Holding Tank (HT) and/or (\*5) Privy (P)
  - (6) Show any (\*): (\*6) Lake; (\*7) River; (\*8) Stream/Creek; or (\*9) Pond
  - (7) Show any (\*): (\*10) Wetlands; or (\*11) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	130' Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	130' Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	700' Feet		
Setback from the South Lot Line	1000' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	1,100' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	Town Rd	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	300' Feet	Setback to Well	100' Feet
Setback to Drain Field	300' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:			
Permit Denied (Date):		Reason for Denial:					
Permit #: 14-0120		Permit Date: 6-11-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No					
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:		Zoning District		(H-1) NA			
Fond is man-made. Well staked. Meets all setbacks.		Lakes Classification		NA			
Date of Inspection: 6-9-14		Inspected by: M. Fustate		Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - If No they need to be attached.							
May not be used for human habitation. No plumbing fixtures in structure.							
Signature of Inspector: Michael Duvale							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	
						Date of Approval: 6-11-14	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

RECEIVED  
JUN 05 2014

ENTERED  
Permit #: 14-01021  
Date: 6-11-14  
Amount Paid: \$75 6-6-14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER		Mailing Address: City/State/Zip: Telephone:	
Owner's Name: Charles Buran		City/State/Zip: 68715 Hollander Rd Iron River, WI 54847	
Address of Property: Same		Cell Phone: 372-4633	
Contractor: self		Contractor Phone: Plumber: Plumber Phone:	
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone: Agent Mailing Address (include City/State/Zip): Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PROJECT LOCATION: NE 1/4, NE 1/4, less NW 1/4, NW 1/4		PIN: (123 digits) 04-022-2-47-08-08-101-000-11000	
Section 8, Township 47 N, Range 9 W		Town of: Hughes	
<input checked="" type="checkbox"/> Shoreland → <input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue →		Distance Structure is from Shoreline: feet Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue →		Distance Structure is from Shoreline: 500 ft feet <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
Non-Shoreland		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Value at Time of Completion * include donated time & material \$ 600	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water						
							<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Grav</u>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vented (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/ service contract)	<input type="checkbox"/>							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage			
				<input checked="" type="checkbox"/> Principal Structure (first structure on property)	( ) X )	( )
				<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X )	( )
				<input type="checkbox"/> with Loft	( ) X )	( )
				<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	( ) X )
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( ) X )	( )			
<input type="checkbox"/> with Attached Garage	( ) X )	( )	( )			
<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X )	( )	( )			
<input type="checkbox"/> Mobile Home (manufactured date)	( ) X )	( )	( )			
<input type="checkbox"/> Addition/Alteration (specify)	( ) X )	( )	( )			
<input checked="" type="checkbox"/> Accessory Building (specify) <u>Wood Shed</u>	( ) X )	( )	( )			
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( ) X )	( )	( )			
Rec'd for Issuance	Special Use: (explain)	( ) X )	( )			
JUN 11 2014	Conditional Use: (explain)	( ) X )	( )			
	Other: (explain)	( ) X )	( )			

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Charles E. Buran

Date 6-4-14

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Address to send permit

Same as above

Attach

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

19x 7 D 34602

Box Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	150' Feet	Setback from the Lake (ordinary high-water mark)	500' Feet
Setback from the Established Right-of-Way	150' Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	1,000' Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	1,000' Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	1,000' Feet	Setback from 20% Slope Area	N/A Feet
Setback from the East Lot Line	N/A Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	100' Feet	Setback to Well	50' Feet
Setback to Drain Field	100' Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.  
For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

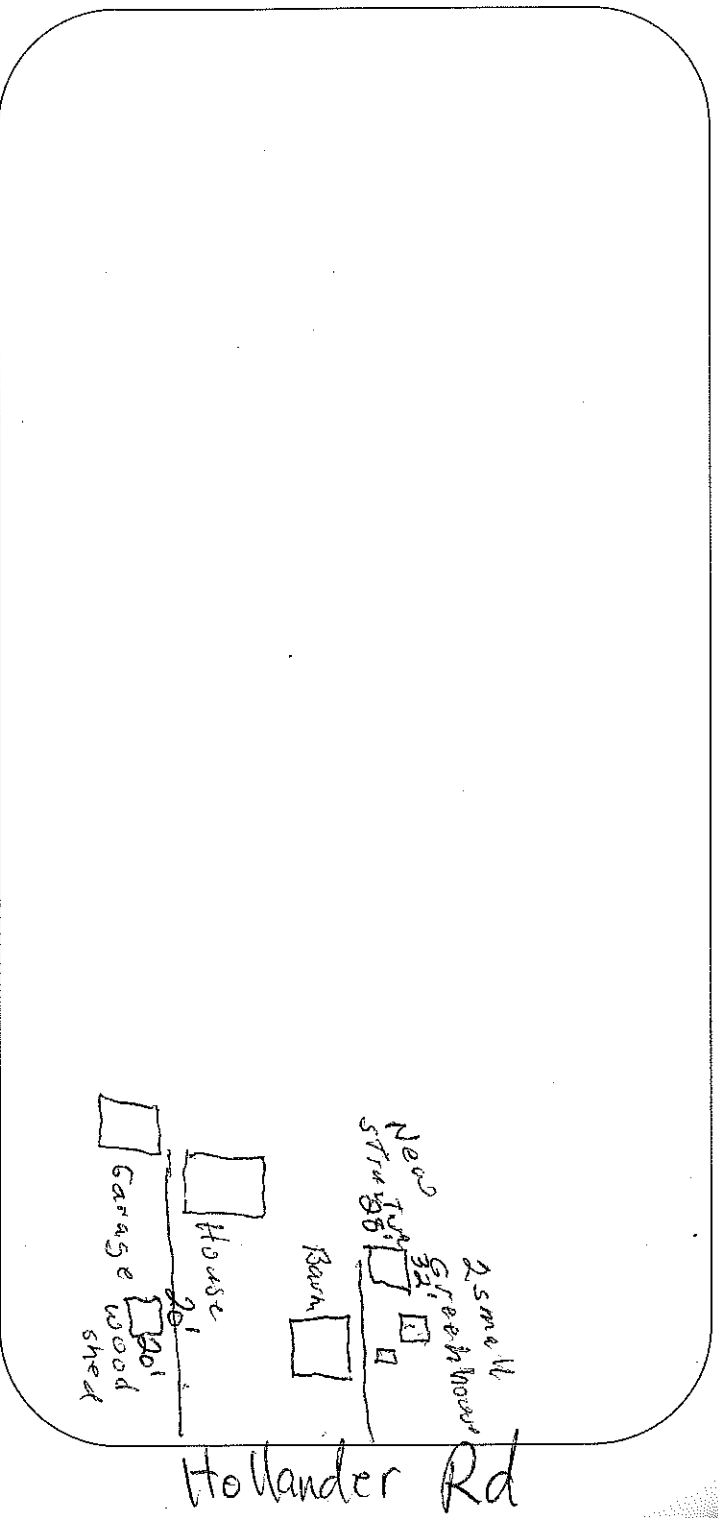
<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>14-0121</u>		Permit Date: <u>6-11-14</u>				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)				
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Case #:		Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Record:						
Date of Inspection: <u>6-9-14</u>		Inspected by: <u>M. Truitt</u>		Zoning District ( <u>A-1</u> )		
				Lakes Classification ( <u>3</u> )		
				Date of Re-Inspection:		

Conditions(s): Town, Committee or Board Conditions Attached? ☐ Yes ☐ No ☒ If No they need to be attached.  
May not be used for human habitation. No water under pressure in structure.

Signature of Inspector: <u>Michael Truitt</u>		Date of Approval: <u>6-11-14</u>	
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

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- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the <b>Centerline of Platted Road</b>	Feet	Setback from the <b>Lake</b> (ordinary high-water mark)	Feet
Setback from the <b>Established Right-of-Way</b>	Feet	Setback from the <b>River, Stream, Creek</b>	Feet
Setback from the <b>North Lot Line</b>	Feet	Setback from the <b>Bank or Bluff</b>	Feet
Setback from the <b>South Lot Line</b>	Feet	Setback from <b>Wetland</b>	Feet
Setback from the <b>West Lot Line</b>	Feet	Setback from <b>20% Slope Area</b>	Feet
Setback from the <b>East Lot Line</b>	Feet	Elevation of <b>Floodplain</b>	Feet
Setback to <b>Septic Tank or Holding Tank</b>	Feet	Setback to <b>Well</b>	Feet
Setback to <b>Drain Field</b>	Feet		Feet
Setback to <b>Privy</b> (Portable, Composting)	Feet		Feet

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(9) **Stake or Mark Proposed Location(s) of New Construction:** Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

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The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #:		Permit Date:		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	<input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes (Fused/Contiguous lot(s))	<input type="checkbox"/> No	<input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Was Parcel Legally Created	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District ( ) Lakes Classification ( )		
Date of Inspection:		Inspected by:		Date of Re-Inspection:
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No –(If <u>No</u> they need to be attached.)				
Signature of Inspector:		Date of Approval:		
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input type="checkbox"/> _____